

MAR 14 1941
Registration District No. **57**

Primary Registration District No. **5053**

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Seligman (Rural) - Washburn
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Seligman Route 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry **5-**

(c) City or town Seligman (Rural) **0**
(If outside city or town limits, write "RURAL") **0**

(d) Street No. _____ (If rural, give location) **0**

(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME ROBERT L. HENRY

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Male 5. Color of race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Pauline Henry

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased July 15 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace Barry County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Own Farm

12. Name M. D. G. Henry

13. Birthplace Unknown, Tennessee
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Cunningham

15. Birthplace Unknown, Tennessee
(City, town, or county) (State or foreign country)

16. (a) Informant Sid Henry

(b) Address Purdy, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-26-41
(Month) (Day) (Year)

(c) Place: burial or cremation King

18. (a) Signature of funeral director Kohn Funeral Home

(b) Address Cassville, Mo.

19. (a) 2/26/41 (Date received local registrar) (b) Freida Edens (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 24 year 1941 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from Oct. 15 - 1940 to Feb. 24 - 1941; that I last saw him alive on Feb. 23, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Mycocarditis

Due to Arteriosclerosis
Hypertension

Due to Arteriosclerosis Hypertension Myocarditis Coronary Atherosclerosis **6 yr**

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy 1218

PHYSICIAN _____ Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature L. H. Ferguson (M. D. or other) **D**
Address Meritt, Mo. Date signed 2-25-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1-11-41

RECEIVED

District Health Officer No. 6

District File Number

341-403

Date Filed

MAR 10 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Rufus J. Miller

Licensed Embalmer No.

3794

P. O. Address

Cassville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.